RECEIVED FECHALL CENTER

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FEC FORM 1										Office	use C	nly		•	
1. NAME OF COMMITTEE (in	(Check if name Example:If typing, type is changed) ever the lines.							12FE4M5							
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ADDRESS (number and street) (Check if address is changed)		1775 K Street, N.W.													
		Washington							<u> </u>	200	006	 _]-	15	598	
:		CITY						STATE			ZIP	COL	Œ		
COMMITTEE'S E-MA	IL ADDRES	S (Please	provide only	one e-m	ail addr	ess)									
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COMMITTEE'S WEB	PAGE ADD	RESS (UF	RL)												
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2. DATE 06 1 2010															
3. FEC IDENTIFICATION NUMBER												1			
4. IS THIS STATEMENT NEW (N) OR AMENDED (A)															
I certify that I have e	xamined th	s Stateme	nt and to th	e best of	f my kn	owledge and	f belief it	is true, co	orrect	and c	omplet	e.			Ī
Type or Print Name of Treasurer Anthony M. Perrone															
Signature of Treasure		+1	an	y 4	m	Ber	ran	Bate	06"	!¶, † ! ()1°	,	<u>2</u> 01	IO.	
NOTE: Submission of f						ct the person				the pe	nalties	of 2	U.S.C	. §43	7g.
Office Use Only					F	or further info ederal Election of Free 800-42 ocal 202-694-1	Commissio 4-9530				EC F	_			<u> </u>